County of Los Angeles – Department of Mental Health
SA 4 Program Administration

SA 4

CHILD AND ADULT
INTEGRATED QUALITY IMPROVEMENT COMMITTEE

Agenda
September 16, 2014
10:30 AM – 12:00 PM

I. Introductions & Review of Minutes **10:30 am**

II. QI

Provider Directory Demo
EQRO Draft Report
Clinical Quality Improvement-OMD Report
Cultural Competency updates
Patient's Rights Office (PRO)
Policy Update-Office of Compliance
Referral & SRTS

III. QA

- **Announcements**
- **Audits/Reviews**
- **State DHCS Updates**
- **Documentation Trainings**
- **IBHIS Update**
- **Medi-Cal Certification Section**
- **QA Technical Assistance**
- **Health Information management (HIM)**

IV. Presentation: SA 4 Provider Directory
By: Dr. Vandana Joshi

V. COMMENTS

11:55am

Next meeting: October 21, 2014
St. Anne's Maternity Home
155 N. Occidental Blvd. /Classroom
LA, CA 90026
(213) 381-2931

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH

SERVICE AREA 4 QIC MINUTES

TYPE OF MEETING	QIC	DATE	Time
PLACE	St. Anne's Maternity Home 155 N. Occidental Blvd., Los Angeles, CA 90026	09/16/14	10:30 a.m.
Chair & Co-Chair	Anahid Assatourian & Alyssa Bray		
Members Present	Alma Family Services; Misty Aronoff, Amanecer; Kanisha McReynolds, APCTC; Silvia Yan, Aviva; Hrug Ghazarian, CHCADA; Alma Bretado &Nahara Martinez, CHLA; Rene Ramirez, CII; Christina Jubojiri, Didi Hirsch Metro Center; Rosaura Garcia, Dignity Health; Maribel Nieves, DMH/SFC; Diann Kaainoa, DMH/Downtown Mental Health; Rebecca Okpere, DMH SA4 Navigation Team; Nancy Weiner, DMH/PSB-QA; Elizabeth Townsend, DMH/Hollywood MHC; Elizabeth Pershing, Jose Guerra, EMQ/Hollygrove; Jennifer Wong, ENKI; Michelle Hernandez, Exodus Recovery; Jeannette Aguilar, Gateways Community MHC; Charlotte Bautista, Gateways Percy Village; Julie Feuer, Hathaway-Sycamores; Jennifer Phan, Hillsides; Beth Foster, IMCES; Michel Linden, LA Child Guidance Center; Socoro Gertmerian, JFS; Dora Escalante & Militza Avila, KYCC; Nayon Kang, LAMP; Ian Stulberg, Optimist Youth homes; Frankie Nixon, SSG Project 180; Erica Melborne, SSG-Alliance; Phuong Tang, St. Anne's Maternity Home; Marianna Oganesyan & Reza Khosrowabadi, Star View C&FS; Robert Garcia, Telecare Corp.; Martha Arechiga and Nicole Nunez, VIP; Desiree Oadom.		
Absent Members	AIDS Project LA, The Anne Sippi Clinic, BHS, Children's Bureau, El Centro Del Pueblo, ENKI, Gateways Hospital, LAC-USC Medical Center, LA Gay & Lesbian, Mental Health America, Para Los Ninos; Pacific Clinics, The Saban Free Clinic, Travelers Aid Society of LA, UAII, DMH/PRO, DMH/OMD, DMH Administration, DMHQI, DMH County Resource Management, DMH/Northeast MHC, Eisner.		
Introductions	Done		
Minutes Approval	Approved		
Change of Provider Report	LACDMH is out of compliance in reporting information to the State. They are working on improving responses from providers in sending in the Change of Provider forms. Forms should be faxed (not emailed) to Ted Wilson. Ted Wilson is looking to receive contact information for each agency to follow up with when Change of Provider forms are not received. QIC Liaisons/Chairs will be gathering that information to provide to Ted.		
Provider Directory	Very important for Providers to be regularly updating the Provider Directory/Network of Care. It is also very important to provide cultural competency updates on agency sites. Remember		

	that the PFAR process (change of address, changes in types of services, etc.) must go through the formal notification process through your Lead District Chief, but they also need to be changed in the Provider Directory, too. The ultimate goal is for providers to only have to do this one time and in one place, but right now Providers need to update in all areas. There have been some hiccups with the Provider Directory information getting onto the Network of Care website, but these should be getting updated simultaneously.		
Office of Medical Director (OMD)	OMD (Office of the Medical Director) – They have a workgroup looking at developing parameters around engaging clients who are suicidal. The Safety Intelligence system (online system of incident reporting) is looking to initiate rolling out with Directly Operated providers in October through the intranet. Contactors will start using this system sometime after October – perhaps by the end of the year. Contractors will access the system through C-numbers and tokens that just say "SI" (or a similar system that is token less). OMD will be seeking contact names for agencies to reach out to when they are ready to move Contractors into the system. All other counties are already using this system. They are hoping to have no paperwork around this system at all, with any printing of the electronic reports, and never referencing the reports anywhere. You can reference what happened, but never reference the report as this would trigger discovery in legal cases.		
Quality Improvement Division (QID)	Family Engagement training. LACDMH received 277 pre-training surveys. Post-surveys will be sent out soon. They are particularly interested in looking at whether providers returned calls from family members pre-training, and whether they are post-training.		
Cultural Competency Committee (CCC)	Representatives from the CCC will now be attending QIC meetings to strengthen the feedback loop for the CCC. Trudy Washington will be attending in SA 4 QIC meetings. The LBBTQ workgroup has now been elevated to UREP subgroup status (Under-Represented Ethnic Populations). This gives them a higher-status and allows them to receive funding to implement trainings, conduct capacity building projects, etc.		
Patients' Rights Office (PRO)	PRO has been increasing inspections of beneficiary paperwork at clinics to make sure everything that is supposed to be out is actually out. PRO is notifying SA Chairs of findings. They are following the same criteria as the re-certification process, and PRO is conducting		

EQRO-QID	unannounced visits to both DO and Contractor sites. The new posters have been ordered and should arrive sometime in October or November. PRO will distribute them to Providers once they are received. Received a big and unfortunate surprise that APS was not rewarded the contract to conduct the EQRO review of LACDMH next year. Behavioral Health Concepts was awarded the contract. This is a big deal because LACDMH is very familiar with APS's format for their EQRO reviews, as well as knowing what APS is looking for. Having a new agency conduct the review means there will be a new format to the review that will need to be learned, in addition to learning what this new agency is specifically looking for. Expectations, rating scales, and other things will likely be different. LACDMH is reaching out to the new agency to try to get information ahead of time so QID has time to familiarize themselves with what they will be looking for, what data they will want, the forms they'll use, their rating scales, etc.		

QUALITY ASSURANCE

Agenda Item &	Findings and Discussion	Decisions and Recommendations Actions/Schedule Task	Responsible Person/Due Date
IBHIS Updates	Presenter LACDMH did a demo with a Children's Provider to see what it looked like to submit everything through the web-based server that talks to IBHIS. They are working on this a lot right now to try to better support contractors. They don't have immediate plans to add more agencies to IBHIS at the moment. The IBHIS Addendum Guide to Procedure Codes is already posted on the website, and they are now sending out a Bulletin about it. Once IBHIS is up and running across		

	the board, the Guide to Procedure Codes will go away and be replaced by the IBHIS Addendum to Procedure Codes. Look closely at duplicate override codes. LACDMH used to add these codes to claims submitted by Providers so that the claims would go through. However, with IBHIS, LACDMH will no longer be doing this – Providers will need to do this themselves. There are two different roll-up codes – 76 and 59. 76 will need to be added to claims with identical procedure code, provider, client, and minutes but are not a duplicate service. 59 will need to be added to claims that have the same "roll-up" procedure code, provider, minutes, and client. DHCS uses more limited procedure codes than LACDMH does, so many of the codes we use (such as 90887) get "rolled up" into an H2015 HE code. Therefore, if you have two claims that look identical except for the procedure code, but the roll-up procedure code makes them look the same to Medi-Cal, you will need to add the 59 duplicate override code. Please read the Bulletin and the Addendum Guide to Procedure Codes in IBHIS for more information. HELPFUL HINT – if you bill **actual** time, it is much less likely to come up as a duplicate. Also, a reminder that staff disciplines (taxonomy) are important. A lot of claims have been getting denied because they are being claimed by people for whom the type of service would be out of scope for their discipline. A reminder that Family Therapy cannot be billed by someone categorized under "Other Mental Health Worker".		
Documentation Trainings	They are working on scheduling them, but are going to change the names of them to something like Understanding Documentation; Medical Necessity; and Documentation and Reimbursable Service Components.		
LPCC's	LACDMH wants to know if Contractors have been hiring LPCCs and if they have had any problem with claims going through for LPCCs (interns and licensed). Please let Chairs and Liaisons know in both cases.		

Certification	Lead District Chiefs must be told **before** agencies move and start providing services at a new site. Through the re-certification process, DMH is discovering that Beneficiary Informing Materials are not consistent in the waiting areas – they run out and are not re-filled and DMH is getting complaints from consumers about this. Certification and PRO are working together in making random visits to DO and Contractor sites to check on this.		
Organizational Provider's Manual	Organizational Provider's Manual – LACDMH QA Department is now working on Chapter 4 of the Org. Manual. This chapter covers Crisis Stabilization, Day Treatment Intensive and Day Rehab, and socialization/vocational services, etc. They are going to move service components to Chapter 1 instead of Chapter 2. They will not be having trainings on changes made to Chapter 4, except perhaps for DTI and DR providers. Chapter 3 covers TBS services, and they'll work on that once Chapter 4 is completed.		
SSI Forms	SSI forms and other types of reports and letters – The State has stated that filling out SSI paperwork is not reimbursable. Billing for 10-02s is a high-risk claim. DMH is looking to make a concrete statement about this, but are still working on it. They are moving in the direction of making report writing (letters, reports, and other activities of this nature) not billable.		
COS Manual Forms & Codes	They are working on updating the COS manual. The big change is saying that COS services are truly about outreach and engagement and it should not matter whether there is an open episode. The idea of the changes is to bring COS back to what it is meant to be – community outreach and engagement. Also, they revised the codes to be used for COS. There are five main categories for billing COS – much broader than it was before, as well as service recipient descriptions, service types, age categories, and race/ethnicity. They revised the form to		

	help clarify how to use the form and to cater it to the type of COS service provided. They are hoping to get it done in the next two weeks or so. Code lists are already available in the companion guide online. **Directly Operated ONLY** – Claiming for QA activities in IBHIS. Please see handout for Directly Operated agencies only. A reminder that QA activities are billable to Medi-Cal clients through IBHIS. You cannot claim for reviewing or making corrections or updates to your own documentation. Licensed staff only, submitted by the end of the next workday, and must follow an identified QA process as outlined by the QA department. Please read handout for more information.		
Contractor Quality Assurance Report	LACDMH QA Department is instituting a process similar to what they're doing with DO agencies. They have created a draft form that they are still working on that will be required for Contractors to complete and return to LACDMH, along with any necessary CAPs related to it. The forms involve Contractors stating their protocols and processes in terms of QA, Chart Reviews, and CAP processes to integrate learning during the QA process, etc. Attachments will need to be sent to LACDMH along with the form (audit review tools, written policies/procedures, CAP forms and integration procedures, etc.). These forms will be sent out via email. Unsure to whom at this point – possibly Heads of Service, Executive Director, and/or QIC attendees. Maybe all three. They will probably have a January 15th due date for Contractors to return the forms with attachments.		
Billing for Travel Time	There is currently a lot of discussion with the State regarding billing for travel time. LACDMH has received unequivocal direction from the State regarding billing for travel time. It started with the Satellite Site conversation – the State said that one cannot bill for travelling from one provider site to another provider site, and is questioning what is being categorized as "field based" services. ACHSA has been involved in this conversation. They were all on a phone call with the		

	State to get a definition regarding field-based activity versus what needed to be certified as a site. The State said that if staff is going to a site consistently, then it should be certified as a site. The State stated a very strict definition of field-based services as services provided in the field only for those clients who cannot get to provider sites due to their mental illness. Services must be based on individual needs of the client and individualized to the location. LACDMH is looking for documentation that would support such a strict interpretation and they haven't found anything yet. They are trying to find where this is coming from, and if they can't find it, they're going to ask the State where it's coming from. They will keep us posted. **In the meantime** – explain in Assessments and/or Progress Notes why services are needed to be provided in the field specifically where they're being seen. Capture this as part of the impairments – specifics about what necessitates field-based services for this specific client. And be sure to individualize them – don't cut and paste a pat answer. FYI – in the Org Manual, it currently states that field-based services must be for mental health reasons, but LACDMH is not enforcing that right now. Just individualize them to the need of the client. **Also**, using "Office" as service location for a claim is only for when you are providing services at the location (or satellite site) of your provider number. If it is NOT that location, you cannot use office on the claim. When you put "office" on the claim, the provider address automatically appears on the claim as the location of service. Satellite sites are attached to the provider number, and through its unique NPI number, the satellite address will show up on the claim.		
Next Meeting: Tuesday, November 18, 2014			

Respectfully submitted:

Anahid Assatourian, Chair

Alyssa Bray, Co-Chair